

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                        |                    |
|------------------------|--------------------|
| Application Number     | ACT/US2004/03863L  |
| Filing Date            | 12/11/2004         |
| First Named Inventor   | Clemon             |
| Title                  |                    |
| Art Unit               |                    |
| Examiner Name          |                    |
| Attorney Docket Number | Presumed Invention |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name                | Registration Number |
|---------------------|---------------------|
| Michael L. Antoline | 40,488              |
|                     |                     |
|                     |                     |
|                     |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

|   |  |       |                         |
|---|--|-------|-------------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Michael L. Antoline                              |       |                         |
| Address   | One East Main Street<br>One Main Plaza Suite 212 |       |                         |
| City  | Champaign  | State | IL                      |
| Country   | USA  | Zip   | 61820                   |
| Telephone   | 217.252.4343                                     | Email | MANTOLINE@mantoline.com |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|                   |                    |           |              |
|-------------------|--------------------|-----------|--------------|
| Signature         | <i>Todd Clemon</i> | Date      | 5/2/2006     |
| Name              | Todd Clemon        | Telephone | 217.398.3490 |
| Title and Company |                    |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes application form to the USPTO. Time will vary depending upon the individual case. Any suggestions for reducing this burden, should be sent to the Chief Information Officer, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED P.O. Box 1450, Alexandria, VA 22313-1450.

ED 336464644 US

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                   |
|------------------------|-------------------|
| Application Number     | PCT/US2004/039636 |
| Filing Date            | 12 Nov. 2004      |
| First Named Inventor   | Coleman           |
| Title                  |                   |
| Art Unit               |                   |
| Examiner Name          |                   |
| Attorney Docket Number | Assigned Intube   |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name                | Registration Number |
|---------------------|---------------------|
| Michael L. Antoline | 40,488              |
|                     |                     |
|                     |                     |
|                     |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Michael L. Antoline

Address

ONE EAST MAIN ST.  
ONE MAIN PLAZA SUITE 212

City

CHAMPAIGN

State

IL

Zip

61820

Country

USA

Telephone

217.352.4343

Email

MANTOLINE@mantoline.com

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature

Dennis Coleman

Date

5/2/2006

Name

DENNIS COLEMAN

Telephone

217 352 3490

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes application form to the USPTO. Time will vary depending upon the individual case. Any suggestions for reducing this burden, should be sent to the Chief Information Officer, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO P.O. Box 1450, Alexandria, VA 22313-1450.

ED 336464644 US

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.